PTO/SB/22 (07-06)
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Two months (37 CFR 1.17(a)(2)) \$450 \$225 \$ Three months (37 CFR 1.17(a)(3)) \$1020 \$510 \$ Four months (37 CFR 1.17(a)(4)) \$1590 \$795 \$ Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 \$ Applicant claims small entity status. See 37 CFR 1.27. X A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, Deposit Account Number 04-0100 I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent under 37 CFR 1.34. September 28, 2006 Date Paul M. Zagar Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if motinan one signature is required. see below.		CFR 1.136(a)		
For INTERMEDIATE RELEASE NICOTINIC ACID COMPOSITIONS FOR TREATING HYPERLIPIDEMIA. WHICH EXHIBIT AN IN VIVO STAIR-STEPPED ABSORPTION CURVE Art Unit 1615 Examiner P. A. Hawes This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above dentified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below Fee Small Entity Fee X One month (37 CFR 1.17(a)(1)) \$120 \$60 \$120.00 Two months (37 CFR 1.17(a)(2)) \$450 \$225 \$ Three months (37 CFR 1.17(a)(3)) \$1020 \$510 \$ Four months (37 CFR 1.17(a)(4)) \$1590 \$795 \$ Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 \$ Applicant claims small entity status. See 37 CFR 1.27. X A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, Deposit Account Number O4-0100 I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). X attorney or agent under 37 CFR 1.34. **Registration number** 52,392 attorney or agent under 37 CFR 1.34. **September 28, 2006 Date Paul M. Zagar Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interests or their representative(s) are required. Submit multiple forms if mo than one signature is required, see below.		005 (H.R. 4818).)	20718/12	04135-US4
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